WEST VIRGINIA REGISTRATION STATEMENT OF CHARITABLE ORGANIZATION

	Registration Type: 🗵 New 🗌 R	enewal			
1.	Official Name of Organization Ch	arles T. 'Chuck' Mathena II Foundation, Inc.			
2.	Street Address 2.5	Stafford Commons, Princeton, WV 24740			
3.	Mailing Address PC	9 Box 5664, Princeton, WV 24740			
4 , .	Phone 304.425.5128 Fax 3	04.431.7670 Email thechuckmathenacenter@suddenlink.net			
5.	Principal West Virginia address $\frac{N}{2}$ if different from above	N/A			
6	Designated contact person Spring To	Phone: <u>304.425.5128</u>			
7.		To aid and further the educational opportunities including extracurricular activities of students in Mercer County, West Virginia.			
8.	Name, address and responsible person of each chapter, branch or affiliate in the State, if any:	N/A			
9.	Are the above chapters, branches or affiliates in- cluded in parent organization's registration? Check one: Yes No X				
10.	List all names under which applicant intends to solicit if different from officianame, if any:	Chuck Mathena Center for the Performing & Fine Arts			
11.	State the purposes for which the contributions to be solicited will be used:	Completion & furnishing of the Chuck Mathena Center for the Performing & Fine Arts			
12.	Place and date the organization was legally established:	Princeton, WV July 20, 1992			
13.	The form of the organization (check or complete as applicable)	☐ Corporation ☒ Foundation ☐ Association ☐ Trust ☐ Other			
14a.	Has the organization been determined be tax-exempt by the Internal Revenue Service?	[23]			

Issued by the Secretary of State, State Capitol, Charleston, WV 25305

Revised 4/05

l4b.	Has this exemption been denied, revoked or modified at any time?	☐ Yes	If yes, attach copy of I	letter of decision.	2		
	·	<u>A</u> 110	:	anticipatos voins:			
4c.	Please check one or more methods of solicitation the organization anticipates using:						
	X Telephone Appeals	☐ Door to	Door Solicitation	Other			
		☐ Combi	ned Appeals				
	X Direct mail	Auction	ו				
	X Special Events	Bingo/l	Raffle				
15.	Names and addresses of all office tors, trustees and the principal salecutive staff: [All charitable organisms appoint an independent governess and purposes.]	aried ex- izations erning	Charles Mathena, 3 Sandrine Poin John Mendez, PD Box 989, Blueft Kendra Boggess, 1 Rockledge Av Tom Lilly, 1421 Princeton Avenu Boh, Schumacher, 120 Tanager La Barbara Clemson, New Hope Roa Ken Reeves, 566 Quail Valley Dr. Santina St. John, 234 Sparrow Str. Buddy Tolley, HC 71 Box 341-A. Dick Davis, 91 Burgess Street, Pr. Earl Goodwin, PO Box 284, Princ John Frazier, 197 Sandpier Aven Marquetta Mathena, 3 Sandrine P. Gina Boggess, PO Box 5014, Principal Control of the Principal Control of th	cield, VA. 24605. enue, Princeton, WV 24740 ene, Princeton, WV 24740 ene, Princeton, WV 24740 d, Princeton, WV 24740 evet, Princeton, WV 24740 evet, Princeton, WV 24740 eret, Princeton, WV 24740 inceton, WV 24740 eneton, WV 24740 eneton, WV 24740 eneton, WV 24740 ointe, Princeton, WV 24740 ointe, Princeton, WV 24740 ointe, Princeton, WV 24740			
16.	Name and address of professional fund- raising counsel and/or solicitor used for fund- raising activities in West Virginia.			B, 16C, 16D			
	a. Are current contracts with profe and solictors on file with the Of required by West Virginia law?	fice of the Sec		☐ Yes ☐ No			
	 b. Has the professional fund-raising counsel or professional solicitor registered and filed a bond with the Office of the Secretary of State as required by West Virginia Law? 						
	c. Give the location of any teleph ties to be used in solicitation:	one facili-	(Room No.)	(Street Address)			
	d. Give the location and address mailing facility to be used in th solicitation of funds:	•	(Street Address and Box N	lumber)			

	Is the organization authorized to solicit by any other state?			_ Yes x No	
	If yes, please list	four other states:	1.		
			2.		
			3.		
			4.		
18.	Has the organization ever been enjoined by any court, or otherwise prevented by any governmental body, from soliciting contributions in any state? (If yes, explain in detail on separate sheet)				
19.	Give names and a Custodian of addresses for the chief person a. Custodian of financial records: 690 Oakvale Road, Prince				
	responsible for the following duties:	b. Custodian of contributions:	Richard L. Davis, Accounting & Tax Service 690 Oakvale Road, Princeton, WV 24740		
		c. Person(s) making final distribution:	Richard L. Davis, Accounti 690 Oakvale Road, Princeto		
20.	Amount proposed	to be raised in West V	/irginia (estimate):	10,000,000.00	
21.	Actual amount of funds raised in West Virginia last fiscal year			\$1,902,899.34	
	Tillount dispuisca		se estimate – if left blank, a	0.00	
22.	the period covered		\$0 will be entered) Amount disbursed for program services <i>outside West Virginia</i>		
	the period covered \$0 will be entered))		————	
22.	the period covered \$0 will be entered)) I for program services	outside West Virginia	————	
22. 23.	the period covered \$0 will be entered) Amount disbursed during the same p) I for program services eriod: er of the raffle, bingo o	outside West Virginia	0.00	
22. 23.	the period covered \$0 will be entered) Amount disbursed during the same period) I for program services eriod: er of the raffle, bingo o	outside West Virginia	\$0.00	
22. 23.	the period covered \$0 will be entered) Amount disbursed during the same per The license number permit used for fun) I for program services eriod: er of the raffle, bingo or id-raising if any:	outside West Virginia	N/A	
22.23.24.	the period covered \$0 will be entered) Amount disbursed during the same period The license number permit used for fun) I for program services eriod: er of the raffle, bingo or id-raising if any:	outside West Virginia	N/A	
22.23.24.	the period covered \$0 will be entered) Amount disbursed during the same portain the same permit used for fun \$	for program services period: er of the raffle, bingo or od-raising if any: Computations \$ 000.00	outside West Virginia r other state on of Fund-Raising Percen	N/A	

CERTIFICATION

We the undersigned, being duly authorized to act on behalf of the applicant, do hereby certify that the information furnished in this registration is true and correct to the best of our knowledge, information and belief.

Authorized Officer:	ρ
Date 05/15/07 Signature Chi	Charles T. MATHENA
Type or Print Name of Applicant:	Charles T. MATHENA
State of WV	County of Mercer this 15th day of May, 2007
Subscribed and sworn before me	this 15th day of MAY, 2007
OFFICIAL SEAL	William S. Flidthing
NOTARY PUBLIC STATE OF WEST VIRGINIA WILLIAM S. FREDEKING	Notary Public
MEMORIAL FUNERAL DIRECTORY HC 71, BOX 92 PRINCETON, WV 24740 My commission expires June 28, 2012	My commission expires $\sqrt{\text{Une Q8, Q0/Q}}$
Chief Fiscal Officer:	
Date <u>5-/5-07</u> Signature	Ald X. Di Title TREASURER
Type or Print Name of Applicant:	RICHARD L. DAVIS
State of W57 Patini A	
Subscribed and sworn before me t	this 15th day of May, 2007
	/
OFFICIAL SEAL NOTARY PUBLIC STATE OF WEST VIRGINIA	William S. Fudlking
WILLIAM S. FREDEKING MEMORIAL FUNERAL DIRECTORY HC71, BOX 92	Notary Public
PRINCETON, WV 24740 My commission expires June 28, 2012	My commission expires Tune 28, 2012